

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

AUG 16 1935

23393

1. PLACE OF DEATH

County Jefferson
Township Marion
City Carthage (No. _____)

Registration District No. 408
Primary Registration District No. 5862

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Route 4 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Ale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27, 1855</u>		
7. AGE YEARS <u>79</u> MONTHS <u>7</u> DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shomberg, Pennsylvania</u>		
13. NAME <u>Samuel Ale</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Co. Pennsylvania</u>		
15. MAIDEN NAME <u>Margaret Wildine</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Co. Pennsylvania</u>		
17. INFORMANT (ADDRESS) <u>Mrs. W. J. Hackett, Route 4 - Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Cemetery</u> DATE <u>July 28, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Lucas Mortuary, Carthage, Mo.</u>		
20. FILED <u>July 28, 1935</u> <u>L. B. Clinton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to July 24, 1935
I last saw him alive on July 24, 1935 Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____

Other contributory causes of importance acute pulmonary edema 7/24/35

Name of operation none Date of _____
What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) George H. Wood, M. D.
(Address) Carthage Mo

